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no persons are required to respond to a collection of information unless if displays a valid OMB control number. PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **Docket Number (Optional)** FY 2005 2500 DIV2 CON2 DIV3 CON7 (203-3515 DIV2 CON2 DIV3 CON7) (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/743,192 Filed December 22, 2003 For FLUID OPERATED RETRACTORS Examiner Michael H. Thaler Art Unit 3731 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): **Small Entity Fee** <u>Fee</u> One month (37 CFR 1.17(a)(1)) \$120 \$60 450.00 Two months (37 CFR 1.17(a)(2)) \$450 \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 21-0550 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 45,717 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 November 15, 2005 Date Signature 501-5713 Dana A. Brussel Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

CERTIFICATION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service on date below as first class mail, postpaid in an envelope, addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Expression of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required.

Dated: December 12, 2005

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